

Dated: January 16, 1997.

Paula N. Hayes,

*Acting Committee Management Officer, NIH.*

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### **Consensus Development Conference on Interventions To Prevent HIV Risk Behaviors**

Notice is hereby given of the NIH Consensus Development Conference on "Interventions to Prevent HIV Risk Behaviors," which will be held February 11-13, 1997, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on February 11, at 8:30 a.m. on February 12, and at 9 a.m. on February 13.

One in 250 people in the United States is infected with the human immunodeficiency virus (HIV), which causes AIDS; AIDS is the leading cause of death among men and women between the ages of 25 and 44. Every year, an additional 40,000 to 80,000 Americans become infected with HIV, mostly through behaviors that are preventable.

In the United States, unsafe sexual behavior and drug abuse among gay men and men who have sex with men still account for the largest number of cases, but women are becoming infected at a rate higher than that of men. The percentage of AIDS cases caused by unsafe heterosexual contact increased by 21 percent from 1990 to 1991 and continues to escalate. In nearly one-third of Americans infected with HIV, injection drug use is a risk factor.

The purpose of this conference is to examine what is known about behavioral interventions for the three modes of transmission—sexual behavior, substance abuse, and transmission from mother to child—that are effective with different populations in different settings. Experts will also discuss the international and national epidemiology of HIV and the history of AIDS prevention efforts.

Research has led to significant progress in understanding how to help individuals change their AIDS-related risk behaviors. These interventions are based on a variety of models of behavior change, including social learning theory and related health and substance abuse models; they begin with AIDS and substance abuse education, but also include skill acquisition, assertiveness training, and behavioral reinforcement components. Recent research indicates that aggressive promotion of safer sexual behavior and prevention of substance

abuse could avert tens of thousands of new HIV infections and potentially save millions of dollars in health care costs. To date, however, there has not been widespread agreement among health professionals as to which interventions are most effective in which settings and among which populations.

Behavioral interventions are currently the only effective way of slowing the spread of HIV infection. Vaccines selected for future trials may have modest or unknown efficacy, and therefore the trials will need to include behavioral interventions.

Recommendations coming from this conference will have immediate implications for service delivery in health care settings, including substance abuse treatment programs; sexually transmitted disease clinics; inner-city health programs reaching disenfranchised high-risk women, men, and adolescents; and mental health programs that serve high-risk, chronically mentally ill people. Knowing which behavior change interventions are most effective will assist public health personnel in allocating energy and resources.

The conference will bring together behavioral and social scientists, prevention researchers, statisticians and research methodologists, clinicians, physicians, nurses, social workers, mental health professionals, other health care professionals, patients, and members of the public.

Following 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft consensus statement that it will present to the audience on the third day. The consensus statement will address the following key questions:

- How can we identify the behaviors and contexts that place individuals/communities at risk for HIV?
- What individual-, group-, or community-based methods of intervention reduce behavioral risks?
- What are the benefits and risks of these procedures?
- Does a reduction in these behavioral risks lead to a reduction in HIV?
- How can risk-reduction procedures be implemented effectively?
- What research is most urgently needed?

In addition, the panel will consider how the conference recommendations can influence implementation of prevention programs throughout the public health system.

The primary sponsors for this conference are the National Institute of

Mental Health and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute of Child Health and Human Development, the National Institute of Allergy and Infectious Diseases, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Aging, the National Institute on Drug Abuse, the National Institute of Nursing Research, the NIH Office of AIDS Research, the Centers for Disease Control and Prevention, and the Health Services Research Administration.

Advance information on the conference program and conference registration materials may be obtained from Hope Levy Kott, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (301) 770-3153, or by sending e-mail to confidept@tech-res.com.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning February 13, 1997, from the NIH Consensus Program Information Center, P.O. Box 2577, Kensington, Maryland 20891, phone 1-888-NIH-CONSENSUS (1-888-644-2667) and from the NIH Consensus Development Program site on the World Wide Web at <http://consensus.nih.gov>.

Dated: January 15, 1997.

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*Deputy Director, NIH.*

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### **Substance Abuse and Mental Health Services Administration**

#### **Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Cooperative Agreements**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) announce the availability of FY 1997 funds for Knowledge Development and Application cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice.